

**CERTIFICATION PROGRAM
FACILITIES VERIFICATION FORM**
Office of the Arizona State Fire Marshal

This completed and signed form is required as part of the Program Application Package—it is required to receive approval from the Office of the Arizona State Fire Marshal (OSFM). ***Incomplete Program Application Packages will not be reviewed or considered for approval.***

The purpose of this form is to provide documentation to the OSFM that:

- The facilities and equipment used during the certification program ensures the health and safety of participants by providing facilities and equipment that meets or exceeds NFPA 1500, *Standard on Fire Department Occupational Safety and Health Program*.
- The facilities used for classroom and manipulative skill testing for the certification program provide adequate space for testing. Adequate space is required to deter cheating during the written certification exam and to ensure privacy during manipulative skills testing. The testing sites must also provide for the health and safety of participants.

PLEASE PRINT OR TYPE

Type of program:	<input type="checkbox"/> Fire fighter I & II	<input type="checkbox"/> Fire Instructor I	<input type="checkbox"/> Fire Inspector I
	<input type="checkbox"/> Hazardous Materials Operations	<input type="checkbox"/> Fire Instructor II	<input type="checkbox"/> Fire Officer I
	<input type="checkbox"/> Driver/Operator		
Certification program title:			
Program Sponsor:			
Physical address:			
Mailing address:			
City:		State:	Zip:
Classroom Testing Location: (if different than above)			
Practical Skills Testing Location: (if different than above)			

I hereby verify that the facilities and equipment used during this Certification Program ensures the health and safety of the participants. I verify that the training facilities, personal protective equipment, apparatus, and equipment used during the training program meet the requirements of all applicable NFPA standards. I further verify that the classroom facilities and testing sites used during the program provide adequate space for classroom and manipulative skills testing.

Instructor/Evaluator or Program Coordinator:	
Signature:	Date: